



## COMBINATION DECLARATION &amp; POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SELF-ADHESIVE WOUND DRESSINGS WITH ADHESIVE WOUND MANAGEMENT REGION**

the specification of which was filed on September 19, 2001

as Application Serial No. 09/955,852 and

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
<u>100 47 884.0</u>	<u>Germany</u>	<u>22 September 2000</u>	<u>x</u> yes ___ no
(Number)	(Country)	(Day/Month/Yr. Filed)	
_____	_____	_____	___ yes ___ no
(Number)	(Country)	(Day/Month/Yr. Filed)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
_____	_____	(patented,pending,abandoned)
_____	_____	(Status)
(Application Serial No.)	(Filing Date)	(patented,pending,abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Lorimer P. Brooks, Reg. No. 15,155; Bruce Londa, Reg. No. 33,531; and Howard C. Lee, Reg. No. 48,104 all of 220 East 42<sup>nd</sup> Street, 30<sup>th</sup> Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224 of 721 Route 202-206 Bridgewater, New Jersey 08807; Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys with full power of substitution and revocation.

**SEND CORRESPONDENCE TO:**  
**NORRIS, McLAUGHLIN & MARCUS**  
**220 EAST 42<sup>ND</sup> STREET - 30<sup>TH</sup> FLOOR**  
**NEW YORK, NEW YORK 10017**

**DIRECT TELEPHONE CALLS TO:**  
**KURT G. BRISCOE**  
**(212) 808-0700**

FULL NAME OF SOLE OR FIRST INVENTOR: <b>Helge AHRENS</b>	
INVENTOR'S SIGNATURE: <i>Helge Ahrens</i>	DATE: <i>7.11.01</i>
RESIDENCE: Alsterdorfer Strasse 371a; D-22297 Hamburg; Germany	CITIZENSHIP: German
POST OFFICE ADDRESS: Alsterdorfer Strasse 371a; D-22297 Hamburg; Germany	
FULL NAME OF SECOND INVENTOR: <b>Dr. Michael SCHINK</b>	
INVENTOR'S SIGNATURE: <i>Michael Schink</i>	DATE: <i>08.11.01</i>
RESIDENCE: Beselerstrasse 6; D-22607 Hamburg; Germany	CITIZENSHIP: German
POST OFFICE ADDRESS: Beselerstrasse 6; D-22607 Hamburg; Germany	
FULL NAME OF THIRD INVENTOR: <b>Dr. Jochen KENNDORF</b>	
INVENTOR'S SIGNATURE: <i>Jochen Kenndorf</i>	DATE: <i>24.11.01</i>
RESIDENCE: Jalan Bukit Dieng; Block MA 05; 65116 Malang; Jawa Timur; Indonesia	CITIZENSHIP:
POST OFFICE ADDRESS: Jalan Bukit Dieng; Block MA05; 65116 Malang; Jawa Timur; Indonesia	
FULL NAME OF FOURTH INVENTOR: <b>Günther SACHAU</b>	
INVENTOR'S SIGNATURE: <i>Günther Sachau</i>	DATE: <i>07.11.01</i>
RESIDENCE: Lessingstrasse 21; D-25451 Quickborn; Germany	CITIZENSHIP: German
POST OFFICE ADDRESS: Lessingstrasse 21; D-25451 Quickborn; Germany	
FULL NAME OF FIFTH INVENTOR: <b>Reiner LEUTZ</b>	
INVENTOR'S SIGNATURE: <i>Reiner Leutz</i>	DATE: <i>11.11.01</i>
RESIDENCE: Tannenallee 47; D-21465 Reinbek; Germany	CITIZENSHIP: German
POST OFFICE ADDRESS: Tannenallee 47; D-21465 Reinbek; Germany	
FULL NAME OF SIXTH INVENTOR:	
INVENTOR'S SIGNATURE:	DATE:
RESIDENCE:	CITIZENSHIP:
POST OFFICE ADDRESS:	
FULL NAME OF SEVENTH INVENTOR:	
INVENTOR'S SIGNATURE:	DATE:
RESIDENCE:	CITIZENSHIP:
POST OFFICE ADDRESS:	